



ADULT FAMILY HOME INFORMATION

Instructions: Form is to be filled out **ONLY** if providing Adult Family Home (AFH) services. Attach a **copy of the current AFH Certificate** or your **extension letter from the State of Wisconsin**. Please have your AFH contact person sign and date at the bottom and submit the completed form to **Premier Financial Management Services** via one of the following options.

Mail: PO Box 26001 Milwaukee, WI 53226	Drop Off: 10425 W North Ave. Suite 345 Milwaukee, WI 53226	Email: vendorpaperwork@premier-fms.com	Fax: 1-888-302-3607
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According to item 131 of the IRS tax code, certain foster care payments are not taxable as income. The purpose of this form is to assist Premier FMS in determining whether or not this is the case. If it appears that you qualify, you have the option of requesting that a 1099, or equivalent form, not be prepared for you at year-end by Premier FMS. However, you are responsible for determining whether or not payments made to you are taxable, and for paying the taxes on any income that is taxable. Premier FMS will not be held responsible for any taxes, interest or penalties on income paid to you.

Please complete all fields below, or this form will be considered incomplete and returned to you. If you do not complete this form or if Premier FMS does not receive this form, you may be issued a 1099 at year-end. Even if you are issued a 1099 form, it is up to you and your tax advisor to determine if the amount needs to be claimed as taxable income.

PLEASE ANSWER THE FOLLOWING:

How many adult clients are currently receiving your services? _____

How is your business organized? Individual Corporation Partnership LLC
 Other, please specify: _____

Are you subject to back-up withholding? Yes No

Is the Adult Family Home also your primary home? Yes No

Do you provide respite care? Yes No

I am requesting that Premier FMS not issue a 1099-Misc. or equivalent form as my AFH is exempt from state and federal taxes. Yes No

Print Name: _____

Signature: _____ Date: ___/___/___